



## 2019 Raymond R. Delaney Annual Memorial Scholarship

### **NOMINATION FORM**

*(Complete the information below to receive an application packet.)*

Nominee's Name \_\_\_\_\_

Nominee's Address \_\_\_\_\_  
Street Address

City State Zip Code

Nominee's Phone # \_\_\_\_\_

Nominee's E-mail Address \_\_\_\_\_

Educational Institution/University \_\_\_\_\_

Statement pertaining to why this individual is qualified or deserving of this scholarship.  
(Please use additional paper if needed)

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Your Name:(Dr., Mr., Mrs., Ms.) \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Phone #: \_\_\_\_\_

Please complete and return no later than **June 10, 2019** to:

**New York State Council of School Superintendents  
7 Elk Street, 3<sup>rd</sup> Floor Albany, New York 12207-1002**